471-000-9 Form DM-12D, "Social Study" and Completion Instructions

<u>Use</u>: Local office staff complete Form DM-12D to submit information to the State Review Team (SRT) for -

- 1. AABD/MA or SDP/MA cases when an initial or a continuation review for disability/blindness is needed by the SRT;
- 2. ADC-I/MA (Incapacitated Parent) cases or Employment First Exemptions when an initial or a continuation review for incapacity is needed by the SRT;
- 3. Working Disabled cases when an initial or continuation review for working disabled is needed by the SRT;
- 4. Emergency Medical Services for Aliens cases when a determination is needed by the SRT. (Please indicate under which category of Medicaid eligibility the applicant would be reviewed if s/he were a US citizen; e.g., ADC, ADC-I, AABD, CMAP); or
- 5. Cooling Assistance cases when a medical need determination is needed by the SRT.

Number Prepared: Form DM-12D is completed in duplicate.

<u>Completion</u>: The local office worker completes Form DM-12D. In the upper left hand corner, check the box(es) which indicates under which program(s) the SRT is reviewing the case.

- 1. Enter the client's name and address.
- 2. Enter the client's Social Security number, date of birth, sex, and marital status.
- 3. Enter the name of the local office worker submitting the form, the local office name, and the date the form is completed.
- 4. Enter the original date of request for assistance, the medical effective date requested for the current SRT review, and the client's current living arrangement.
- 5. Circle the highest grade level completed. Check the box marked "Prior Vocational Training" if the client has received any type of vocational/technical training and specify the type of skill trained for on the line provided. If the alleged disability/incapacity may be related to mental retardation, list the client's I.Q. as established by psychological or psychiatric tests or obtain copies of I.Q. evaluation/report and submit with medical information.
- 6. Enter the date the client last worked. List the client's work history in reverse chronological order, last employment first.
- 7. Enter the current RSDI status. Also check any other source of support currently being received by the client.
- 8. Enter the date the client last applied for SSI and check the status of the application. If the client was not referred to SSI, check this box and specify the reason a referral was not made.
- 9. List the date(s) (from/to), place, and reason for both inpatient and outpatient medical/psychiatric evaluation and treatment.
- 10. The worker asks the client questions 10A through 10G and enters his/her response.

- 11. The local office worker completes this section based on knowledge or observation of the client's situation.
 - 11A. Record personal observations or mark "did not see the client".
 - 11B. Record information on earned income *for all persons*, including the working disabled applicants, who are or have worked during any period of time for which eligibility is being requested.
 - 11C. Include any information that the worker believes the SRT should know for purposes of this review and that has not been included anywhere else on the Form DM-12D. In addition, for AABD/MA or SDP/MA cases, include a statement that clearly establishes the basis for the referral to the SRT. For example,
 - a. Denial by SSI based on duration; or
 - b. Disability determination needed for month(s) prior to month of SSI approval;

For direct referrals to the SRT based on 469 NAC 2-007.03B 1-5:

- c. Excess income or resources for SSI:
- d. The applicant requires immediate long term hospitalization and/or treatment for a severe impairment before SSI can make a determination;
- e. Institutionalization;
- f. Death: or
- g. The applicant is a non-US citizen who cannot be reviewed by SSI.

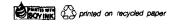
<u>Distribution</u>: The original Form DM-12D is submitted to the HHS Finance and Support, Medicaid Division, State Review Team with the required Form DM-5 and medical reports; a copy is filed in the case record.

Retention: Form DM-12D is retained in the case record for four years.

To view printable form click here: Social Study (Disability/Incapacity Determination)

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0 0 00	AABD/MA (State/Fed) or SDP/MA (State) ADC - I/MA (State/Fed), EF Exempt Working Disabled, Illegal Alien Cooling	He	Nebraska Departmen ealth and Human Ser SOCIAL STUDY ility/Incapacity Deter	vices	NEBRASKA HEALT	TH AND HUMAN SERVICES SYSTEM
1.			Address			
2.	Social Security Number		Birthdate		Sex	Marital Status
3.	Worker Completing Form		Local office		Date Completed	
4.	Original Date of Request		Medical Effective Date Requi	ested	Living Arrangem	nents
5.	Circle Last Grade Completed: 0 1 2 3 4 5 6 7 8 9 10 11 12		mployment (Last Job First) From Month, Year	Date I To Month, Year	Last Worked: Description	
	College: 1 2 3 4 Prior Vocational Training: Yes Skill Trained For: If Mentally Retarded, Give I.Q.:					
	Current Source of Support RSDI	Dat	Current Status: SSI e Last Applied: Pending Approved Denied: Duration Severity Excess Income Excess Resources In Appeal Not Referred: son:	D I NP AT I E NT C I E NT	ate When	re Reason
10 A 10 B 10 C 10 C	important to remember that the State end upon the written information proview. TO BE What are your symptoms, and what When did your disability/incapacity so How long will it last? How are you limited in your activities Who are all the primary and consulting (Name and Specialty)	Review ded by y COMPL is the na start? s at work ing physic .	ou and the physician. ETED BY THE CLIENT I ture of your disability/incap ? cians involved in the care of	tunity to see or WITH THE WO acity?	talk with the clie	
10 F	. Do you think you will be able to return	rn to you	previous line of work? Wh	ny?		
10 G	. What special circumstances, in addit	tion to the	above, do you want the S	tate Review Te	am to know about	yourself?



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11 A.	TO BE COMPLETED BY THE CLIENT WITH THE WORKER Please describe the client's physical appearance, difficulty in restriction of motion or ability to walk, stand; or sit, bend, lift, push, reach, carry, hear, see, understand or speak.						
11 B.	Working disabled informati	on.					
	Earning/Gross	Hours Working	Job Type				
11 C.	Please include a brief social that has not been brought of	Il history of any information that you lout already (e.g., other conditions or p	eel the State Review Team should know in reviewing this case problems).				